

**Recipient Committee
Campaign Statement
Cover Page**

(Government Code Sections 84200-84216.5)

Type or print in ink.

COVER PAGE

CALIFORNIA
FORM **460**

Date Stamp

FILED

JAN 29 2010

Page 1 of 7

For Official Use Only

CITY OF SANTA MARIA
BY: *[Signature]*
City Clerk

SEE INSTRUCTIONS ON REVERSE

Statement covers period

from 07/01/2009

through 12/31/2009

Date of election if applicable:

(Month, Day, Year)

11/02/2010
05/01/2010

1. Type of Recipient Committee: All Committees – Complete Parts 1, 2, 3, and 4.

☒ Officeholder, Candidate Controlled Committee

☐ State Candidate Election Committee

☐ Recall

(Also Complete Part 5)

☐ General Purpose Committee

☐ Sponsored

☐ Small Contributor Committee

☐ Political Party/Central Committee

☐ Primarily Formed Ballot Measure Committee

☐ Controlled

☐ Sponsored

(Also Complete Part 6)

☐ Primarily Formed Candidate/Officeholder Committee

(Also Complete Part 7)

2. Type of Statement:

☐ Preelection Statement

☒ Semi-annual Statement

☐ Termination Statement

(Also file a Form 410 Termination)

☐ Amendment (Explain below)

☐ Quarterly Statement

☐ Special Odd-Year Report

☐ Supplemental Preelection Statement - Attach Form 495

3. Committee Information

I.D. NUMBER

1227669

COMMITTEE NAME (OR CANDIDATE'S NAME IF NO COMMITTEE)

Alice Patino for City Council

STREET ADDRESS (NO P.O. BOX)

2624 Airpark Drive

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Santa Maria, CA 93455

805-346-8407

MAILING ADDRESS (IF DIFFERENT) NO. AND STREET OR P.O. BOX

CITY

STATE

ZIP CODE

AREA CODE/PHONE

OPTIONAL: FAX / E-MAIL ADDRESS

Treasurer(s)

NAME OF TREASURER

Tom Martinez

MAILING ADDRESS

2624 Airpark Drive

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Santa Maria, CA 93455

805-346-8407

NAME OF ASSISTANT TREASURER, IF ANY

Trent Benedetti

MAILING ADDRESS

2151 S College Drive, Suite 101

CITY

STATE

ZIP CODE

AREA CODE/PHONE

Santa Maria, Ca 93455

805-922-4881

OPTIONAL: FAX / E-MAIL ADDRESS

4. Verification

I have used all reasonable diligence in preparing and reviewing this statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

1/27/2010

Date

Executed on

1/28/10

Date

Executed on

Date

Executed on

Date

By

[Signature]

Signature of Treasurer or Assistant Treasurer

By

[Signature]

Signature of Controlling Officeholder, Candidate, State Measure Proponent or Responsible Officer of Sponsor

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

By

Signature of Controlling Officeholder, Candidate, State Measure Proponent

FPPC Form 460 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

State of California

Recipient Committee Campaign Statement Cover Page — Part 2

CALIFORNIA
FORM

460

Page 2 of 7

5. Officeholder or Candidate Controlled Committee

NAME OF OFFICEHOLDER OR CANDIDATE Alice Patino			
OFFICE SOUGHT OR HELD (INCLUDE LOCATION AND DISTRICT NUMBER IF APPLICABLE) City Council Member City of Santa Maria			
RESIDENTIAL/BUSINESS ADDRESS (NO. AND STREET) 2624 Airpark Drive	CITY Santa Maria, CA	STATE CA	ZIP 93455

Related Committees Not Included in this Statement: *List any committees not included in this statement that are controlled by you or are primarily formed to receive contributions or make expenditures on behalf of your candidacy.*

COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE
COMMITTEE NAME	I.D. NUMBER		
NAME OF TREASURER	CONTROLLED COMMITTEE? <input type="checkbox"/> YES <input type="checkbox"/> NO		
COMMITTEE ADDRESS	STREET ADDRESS (NO P.O. BOX)		
CITY	STATE	ZIP CODE	AREA CODE/PHONE

6. Primarily Formed Ballot Measure Committee

NAME OF BALLOT MEASURE	
BALLOT NO. OR LETTER	JURISDICTION
	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
Identify the controlling officeholder, candidate, or state measure proponent, if any.	
NAME OF OFFICEHOLDER, CANDIDATE, OR PROPOSER	
OFFICE SOUGHT OR HELD	DISTRICT NO. IF ANY

7. Primarily Formed Candidate/Officeholder Committee

List names of officeholder(s) or candidate(s) for which this committee is primarily formed.

NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE
NAME OF OFFICEHOLDER OR CANDIDATE	OFFICE SOUGHT OR HELD	<input type="checkbox"/> SUPPORT <input type="checkbox"/> OPPOSE

Attach continuation sheets if necessary

Campaign Disclosure Statement Summary Page

Type or print in ink.
Amounts may be rounded
to whole dollars.

SUMMARY PAGE

Statement covers period

from 07/01/2009

through 12/31/2009

CALIFORNIA
FORM

460

Page 3 of 7

I.D. NUMBER

1227669

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

Contributions Received

Column A
TOTAL THIS PERIOD
(FROM ATTACHED SCHEDULES)

Column B
CALENDAR YEAR
TOTAL TO DATE

1. Monetary Contributions Schedule A, Line 3 \$ 0.00 \$ 0.00
2. Loans Received Schedule B, Line 3 0.00 0.00
3. SUBTOTAL CASH CONTRIBUTIONS Add Lines 1 + 2 0.00 0.00
4. Nonmonetary Contributions Schedule C, Line 3 0.00 0.00
5. TOTAL CONTRIBUTIONS RECEIVED Add Lines 3 + 4 0.00 0.00

Expenditures Made

6. Payments Made Schedule E, Line 4 \$ 1,726.83 \$ 1,823.82
7. Loans Made Schedule H, Line 3 0.00 0.00
8. SUBTOTAL CASH PAYMENTS Add Lines 6 + 7 \$ 1,726.83 \$ 1,823.82
9. Accrued Expenses (Unpaid Bills) Schedule F, Line 3 0.00 0.00
10. Nonmonetary Adjustment Schedule C, Line 3 0.00 0.00
11. TOTAL EXPENDITURES MADE Add Lines 8 + 9 + 10 \$ 1,726.83 \$ 1,823.82

Current Cash Statement

12. Beginning Cash Balance Previous Summary Page, Line 16 \$ 2,586.31
 13. Cash Receipts Column A, Line 3 above 0.00
 14. Miscellaneous Increases to Cash Schedule I, Line 4 0.00
 15. Cash Payments Column A, Line 8 above 1,726.83
 16. ENDING CASH BALANCE Add Lines 12 + 13 + 14, then subtract Line 15 \$ 859.48
- If this is a termination statement, Line 16 must be zero.

To calculate Column B, add amounts in Column A to the corresponding amounts from Column B of your last report. Some amounts in Column A may be negative figures that should be subtracted from previous period amounts. If this is the first report being filed for this calendar year, only carry over the amounts from Lines 2, 7, and 9 (if any).

LOAN GUARANTEES RECEIVED

17. LOAN GUARANTEES RECEIVED Schedule B, Part 2 \$ 0.00

Cash Equivalents and Outstanding Debts

18. Cash Equivalents See instructions on reverse \$ 0.00
19. Outstanding Debts Add Line 2 + Line 9 in Column B above \$ 0.00

Calendar Year Summary for Candidates Running in Both the State Primary and General Elections

1/1 through 6/30 7/1 to Date

20. Contributions Received \$ \$
21. Expenditures Made \$ \$

Expenditure Limit Summary for State Candidates

22. Cumulative Expenditures Made* (If Subject to Voluntary Expenditure Limit)

Date of Election (mm/dd/yy) Total to Date
/ / \$
/ / \$

*Amounts in this section may be different from amounts reported in Column B.

Schedule D Summary of Expenditures Supporting/Opposing Other Candidates, Measures and Committees

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULED

Statement covers period

from 07/01/2009

through 12/31/2009

CALIFORNIA
FORM

460

Page 4 of 7

I.D. NUMBER
1227669

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

DATE	NAME OF CANDIDATE, OFFICE, AND DISTRICT, OR MEASURE NUMBER OR LETTER AND JURISDICTION, OR COMMITTEE	TYPE OF PAYMENT	DESCRIPTION (IF REQUIRED)	AMOUNT THIS PERIOD	CUMULATIVE TO DATE CALENDAR YEAR (JAN. 1-DEC. 31)	PER ELECTION TO DATE (IF REQUIRED)
07/21/2009	Patino 5th District Supervisor 2010	<input checked="" type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure		1,000.00	1,000.00	P 10 1,000.00
	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
		<input type="checkbox"/> Monetary Contribution <input type="checkbox"/> Nonmonetary Contribution <input type="checkbox"/> Independent Expenditure				
	<input type="checkbox"/> Support <input type="checkbox"/> Oppose					
SUBTOTAL \$				1,000.00		

Schedule D Summary

- Itemized contributions and independent expenditures made this period. (Include all Schedule D subtotals.) \$ 1,000.00
- Unitemized contributions and independent expenditures made this period of under \$100 \$ 0.00
- Total contributions and independent expenditures made this period. (Add Lines 1 and 2. Do not enter on the Summary Page.) TOTAL \$ 1,000.00

Schedule E Payments Made

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULEE

CALIFORNIA
FORM

Statement covers period

from 07/01/2009

Page 5 of 7

through 12/31/2009

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

I.D. NUMBER

1227669

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

OMP campaign paraphernalia/misc.	MBR member communications	RAD radio airtime and production costs
CNS campaign consultants	MTG meetings and appearances	RFD returned contributions
CTB contribution (explain nonmonetary)*	OFC office expenses	SAL campaign workers' salaries
CVC civic donations	PET petition circulating	TEL t.v. or cable airtime and production costs
FIL candidate filing/ballot fees	PHO phone banks	TRC candidate travel, lodging, and meals
FND fundraising events	POL polling and survey research	TRS staff/spouse travel, lodging, and meals
IND independent expenditure supporting/opposing others (explain)*	POS postage, delivery and messenger services	TSF transfer between committees of the same candidate/sponsor
LEG legal defense	PRO professional services (legal, accounting)	VOT voter registration
LIT campaign literature and mailings	PRT print ads	WEB information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
Patino 5th District Supervisor 2010 (#1319543) 2624 Airpark Drive Santa Maria, CA 93455	TSP			1,000.00
VTC Enterprises 2445 'A' Street Santa Maria, CA 934556	LIT			511.43
Dawnette Smith 701 West Alvin Santa Maria, CA 93458	CNS		Administrative Help	143.00

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$ 1,654.43

Schedule E Summary

1. Itemized payments made this period. (Include all Schedule E subtotals.)	\$ 1,673.33
2. Unitemized payments made this period of under \$100	\$ 53.50
3. Total interest paid this period on loans. (Enter amount from Schedule B, Part 1, Column (e).)	\$ 0.00
4. Total payments made this period. (Add Lines 1, 2, and 3. Enter here and on the Summary Page, Column A, Line 6.)	TOTAL \$ 1,726.83

**Schedule E
(Continuation Sheet)
Payments Made**

Type or print in ink.
Amounts may be rounded
to whole dollars.

SCHEDULE E (CONT.)

Statement covers period		CALIFORNIA FORM 460	
from	07/01/2009		
through	12/31/2009	Page 6 of 7	

SEE INSTRUCTIONS ON REVERSE

NAME OF FILER

Alice Patino for City Council

I.D. NUMBER

1227669

CODES: If one of the following codes accurately describes the payment, you may enter the code. Otherwise, describe the payment.

CVP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	t.v. or cable airtime and production costs
FND	fundraising events	POL	polling and survey research	TRS	candidate travel, lodging, and meals
ND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	staff/spouse travel, lodging, and meals
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	transfer between committees of the same candidate/sponsor
LIT	campaign literature and mailings	PRT	print ads	WEB	voter registration

NAME AND ADDRESS OF PAYEE
(IF COMMITTEE, ALSO ENTER I.D. NUMBER)

VTC Enterprises

2445 'A' Street
Santa Maria, CA 934556

DESCRIPTION OF PAYMENT

CODE OR

AMOUNT PAID

18.90

* Payments that are contributions or independent expenditures must also be summarized on Schedule D.

SUBTOTAL \$

18.90

SCHEDULE G

Statement covers period	
from	07/01/2009
through	12/31/2009

VTC Enterprises

CMP	campaign paraphernalia/misc.	MBR	member communications	RAD	radio airtime and production costs
CNS	campaign consultants	MTG	meetings and appearances	RFD	returned contributions
CTB	contribution (explain nonmonetary)*	OFC	office expenses	SAL	campaign workers' salaries
CVC	civic donations	PET	petition circulating	TEL	t.v. or cable airtime and production costs
FIL	candidate filing/ballot fees	PHO	phone banks	TRC	candidate travel, lodging, and meals
FND	fundraising events	POL	polling and survey research	TRS	staff/spouse travel, lodging, and meals
IND	independent expenditure supporting/opposing others (explain)*	POS	postage, delivery and messenger services	TSF	transfer between committees of the same candidate/sponsor
LEG	legal defense	PRO	professional services (legal, accounting)	VOT	voter registration
LIT	campaign literature and mailings	PRT	print ads	WEB	information technology costs (internet, e-mail)

NAME AND ADDRESS OF PAYEE OR CREDITOR (IF COMMITTEE ALSO ENTER I.D. NUMBER)	CODE	OR	DESCRIPTION OF PAYMENT	AMOUNT PAID
USPS 201 E Battles RD Santa Maira CA 93455	POS			143.81
TOTAL * \$				143.81

Attach additional information on appropriately labeled continuation sheets.

TOTAL* \$ 143.81

FPPC Form 460 (January/05)
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)